LICENSED SERVICES AND UTILIZATION PROFILES

INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF SPECIALTY CLINICS
(Surgical, Chronic Dialysis, Rehabilitation, Psychology & ABC)

REPORT PERIOD:
JANUARY 1, 1999 THROUGH DECEMBER 31, 1999

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ACCOUNTING AND REPORTING SYSTEMS SECTION
LICENSED SERVICES DATA AND COMPLIANCE UNIT
818 K STREET, ROOM 400
SACRAMENTO, CA 95814
(916) 322-7422 or (916) 323-7685

INSTRUCTIONS

ANNUAL UTILIZATION REPORT OF SPECIALTY CLINICS - 1999

Surgical, Chronic Dialysis, Rehabilitation, Psychology, and ABC Clinics

This booklet contains instructions for completing the 1999 Annual Utilization Report of Specialty Clinics.

USE THESE INSTRUCTIONS TO COMPLETE THE ANNUAL UTILIZATION REPORT.

If any of the instructions are unclear, call the Office of Statewide Health Planning and Development, Accounting and Reporting Systems Section, Licensed Services Data and Compliance Unit at (916) 322-7422 or (916) 323-7685 and ask for the Edits Supervisor.

Do not combine data from other clinics. *If you complete reports for more than one clinic, attach a memo to each report with a list of all clinic names*

PLEASE REMEMBER TO KEEP A COPY OF YOUR COMPLETED REPORT FOR YOUR RECORDS

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INSTRUCTIONS

INSTRUCTIONS PAGE 1

Line 3:   Enter the clinic's telephone number. Include the area code.

NOTE: Make sure that Page 1 has the Administrator's printed name, signature, and date signed, the telephone number of the facility, name, title and department, and telephone and fax numbers of the person responsible for completing the report in case we must call for more information.

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NINE DIGIT IDENTIFICATION NUMBER

This number can be found on the white mailing label affixed to Page 1 of the Reporting Form.

OPERATING DATES

PLEASE REPORT CALENDAR YEAR DATA ONLY, i.e., the twelve-month period from January 1 through December 31. The clinic annual report is based on a calendar year; do not report fiscal year data. Reports with fiscal year data will be returned.

Line 1, Col. 1: Enter the first day your facility was in operation during this calendar year. Include holidays as days of operation. **EXAMPLE:** 01/01 (even though the facility may have been closed for services on that day).

Line 1, Col. 2: Enter the last day your facility was in operation during this calendar year. For most facilities (except those in suspense or closed during the year) the last date of operation for 1999 should be: EXAMPLE**:** 12/31 (even though the facility may have been closed for services on this day)

PATIENTS AND ENCOUNTERS:

Line 19, Col. 1:   Enter the number of UN-duplicated **PATIENTS ¨** (count each patient once) seen by the facility during the calendar year.

¨ PATIENT:
An individual who has had one or more encounters during the calendar year.

Line 19, Col. 2:   Enter the number of **ENCOUNTERS**¨ (each time a patient is seen) during the calendar year.

> **¨ ENCOUNTER:**
> In general, a face to face contact between a patient and a provider of health care services who exercises *INDEPENDENT JUDGEMENT* in the provision of health services to the individual patient. For a health service to be defined as an encounter, the provision of the health service *MUST BE RECORDED* in the patient's record.

> *FOR CHRONIC DIALYSIS CLINICS:*
> A treatment is the same as an encounter. Due to legislation (1992), Chronic Dialysis clinics are not required to report encounters.

> *FOR SURGICAL CLINICS*:
> An encounter includes non-surgical contacts as well as a surgical operation. Non-surgical encounters include pre and post-op visits, and any other contact that meets the criteria mentioned above. Thus, you cannot have more operations than encounters, though you may have more encounters than total operations.

TABLE A: SURGICAL CLINICS ONLY

Line 25:   Enter the total number of abortions performed by the facility during the calendar year.

> **Please Note:**
> *Abortion data will be not be published for individual clinics*

Line 26:   Enter the number of surgical operating rooms on December 31.

Line 27:   Enter the total **SURGICAL OPERATIONS**¨ performed during the calendar year.

> **¨ SURGICAL OPERATION:**
> One patient scheduling regardless of the number of individual procedures performed during a single surgical scheduling.

TABLE B: PSYCHOLOGY CLINICS ONLY

> **NOTE:**
> The sum of Lines 28 - 31 must equal Total Encounters reported on Line 19, Col. 2.

Line 28:   Enter the total number of **GENERAL MEDICAL**¨ encounters.

> **¨ GENERAL MEDICAL:**
> Primary care services for acute and chronic diseases and conditions.

Line 29: Enter the total number of **SUBSTANCE ABUSE**⁝ encounters.

⁝**SUBSTANCE ABUSE:**
Services involving alcohol and drug abuse, such as counseling, education, evaluation, and treatment, etc.

Line 30: Enter the total number of **MENTAL HEALTH COUNSELING**⁝ encounters.

⁝**MENTAL HEALTH COUNSELING:**
Services of a psychologic, sociopsychologic, or crisis-intervention nature.

Line 31: Enter the total number of other encounters.

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MAJOR CAPITAL EXPENDITURES:

Tables C and D are mandated by the CON de-regulation law (AB 517, Statutes of 1987) to measure the effects of deregulation. Only Surgical, Rehabilitation, and Psychology clinics must report this data (if applicable.) If you are reporting equipment and/or major capital projects for this calendar year, you must specify the OSHPD project number issued by OSHPD's Facilities Development Division.

Before completing this section, contact the person in the clinic that is responsible for the building/construction of projects. *DO NOT LIST A PROJECT UNLESS THE CLINIC HAS AN OSHPD PROJECT NUMBER.*

TABLE C: DIAGNOSTIC/THERAPEUTIC EQUIPMENT

Lines 2 – 4:

Column 1:

Enter the purchase price (market value) of each piece of **DIAGNOSTIC**⁝ or **THERAPEUTIC**⁝ equipment ($500,000 or more) that was acquired by the facility during the calendar year.

⁝**DIAGNOSTIC EQUIPMENT:**
Equipment that helps the physician identify and determine the cause of the illness, e.g. X-ray equipment, CAT scanners, PET scanners, etc.

⁝**THERAPEUTIC EQUIPMENT:**
Equipment that helps the physician treat and heal a patient, e.g., Lithotriptors, Linear Accelerators, or Cardiac Catheterization Equipment.

Column 2:

Enter the eight character alphanumeric OSHPD project number issued by OSHPD's Facilities Development Division. Enter **ONLY** those numbers that begin with the alphanumeric prefixes of ES99, ES98, EL98, or EF98

(Examples: EL980001, ES990001, or EF980001).

Column 3:

Enter the date of acquisition.

Column 4:

Enter the number 1, 2, 3, or 4, related to how the equipment was acquired (purchased, leased, or donated).

NOTE: If additional space is needed, attach another sheet, use the format in Table C and begin with Line 5.

TABLE D: PROJECTS OVER $1,000,000 COMMENCED DURING THE REPORTING YEAR

NOTE: "Commenced" means that drawings and outline specifications were submitted to OSHPD's Facilities Development Division during the reporting year.

The cost of the project (estimated cost or final cost) shall include all costs associated with the project <u>EXCEPT</u> the following:

1. Architectural, Engineering, and related fees.

2. Off-site work.

3. Landscaping and irrigation systems.

Lines 21 & 22, Col. 1:

Enter the cost (estimated final cost) of any building project the facility began during the calendar year. Enter any project that totaled over $1,000,000 or the aggregate of projects over $1,000,000.

Lines 21 & 22, Col. 2:

Enter the eight character alphanumeric OSHPD project number issued by OSHPD's Facilities Development Division. Enter <u>ONLY</u> those numbers that begin with the alphanumeric prefixes of ES98 or ES99 or EL98 or EL99 or EF98 or EF99 (Example: EL980001, ES990001, or EF990001).

NOTE:

If additional space is needed, attach another sheet, use the format in Table D and begin with Line 23.

TABLE E: FINANCIAL DATA FOR THE CALENDAR YEAR

Line 23:   Enter the total charges/fees that your facility collected from all patients and 3rd party payers.

Line 24:   Enter all other revenue from any other source. *If none, please enter a 0.*

NOTE: *This figure <u>CANNOT</u> be a minus number.*

Line 25:   Enter the total **OPERATING COSTS** ¨ for the year.

¨ **OPERATING COSTS:**
The direct cost incurred in providing care to patients. Included in operating cost are: salaries and wages, rent or mortgage, employee benefits, supplies, equipment purchase and maintenance, professional fees, advertising, overhead, etc. ***<u>DO NOT INCLUDE START UP COSTS.</u>***

Line 26:   Enter the total **NET OPERATING INCOME**¨ .

¨ **NET OPERATING INCOME:**
To determine the NET OPERATING INCOME, <u>add</u> Lines 23 and 24 and <u>subtract</u> Line 25. Enter the result on Line 26.

Thank you for taking the time to carefully fill out this report. *Please remember to keep a complete copy for your records, as we may need to call you and refer to this report for more information.*